



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO. 2-1.31

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Effective 7/1/96

BY Rhett Rehage

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

RELEASE FORM FOR
PHOTOGRAPHS/VIDEOTAPES

Rudy Lopez
Rudy Lopez, Director

I. PURPOSE

- A. To protect the Department of Behavioral Health from legal claims against the invasion of privacy, and to protect the privacy of individuals.
- B. To provide Department staff with written guidelines when they need to receive written permission for photographs or videotaping person who are not DBH clients.

II. POLICY

Guidelines for Written Permission:

- A. Written permission is not required for the following types of photographs:
 - Scenery
 - News releases (open house, new facility, etc.)
 - County buildings
 - Department of Behavioral Health Employees
- B. Written permission is required, using the attached forms, from those who are pictured in other photographs/tapes.

III. PROCEDURES

- A. The program requesting the photographs/videotape will store the release.
- B. If Community Outreach Services has made the photograph/videotape, a copy of the release will be stored in the Community Outreach Services Office.

**AUTHORIZATION AND CONSENT TO
PHOTOGRAPH, SOUND RECORD, VIDEOTAPE AND PUBLISH**

Presenter's/Participant's Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

The undersigned hereby agrees that the San Bernardino County Department of Behavioral Health (DBH) may photograph, sound record and/or videotape his/her presentation/participation. It is further agreed that DBH is authorized to use and permit other persons to use the material for the purposes and manner as either may deem appropriate. The undersigned agrees that such purposes include, but are not limited to, dissemination to Department staff, health professionals and members of the public for educational, research, public relations and charitable purposes and that such dissemination may be accomplished in any manner and that such use is subject only to the following limitations:

The undersigned has entered into the agreement in order to assist educational, research, public relations and/or charitable goals and hereby waives the right to compensation for these uses by reason of the foregoing authorizations, and the undersigned and his/her successors or assigns hereby hold DBH and its successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph" as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disk and any other mechanical means of recording or reproducing images.

Date: _____ Presenter's/Participant's Signature: _____

DEPARTMENT OF BEHAVIORAL HEALTH

AUTHORIZATION TO USE PHOTOGRAPH FOR MENTAL HEALTH PURPOSES

(Not for use by Mental Health Clients)

On behalf of myself and all other person(s) mentioned herein, I hereby give my consent and authorization to the San Bernardino County Department of Behavioral Health to use or cause to be used in connection with mental health purpose (including the publication or printing in any medical or public health journal or paper, or any newspaper or periodical, or the displaying of any person or persons), photographs taken by it or at its direction in which.....

my minor son,_____

my minor daughter,_____

my ward,_____

or I,_____

appear, without any compensation to me or to the above-named person(s); and I hereby waive and disclaim, on behalf of myself and all other persons mentioned herein, any and all claims for compensation or damage in connection with any such use.